See instructions on back of certificate.

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N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	~
D. L	210-20
12 - 600	Registration Dist. No. 243
Village or City Jyalkille	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Family. Bateria	
D. I a and a succession	
(a) Residence: No. Werdale M & 9/8 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (write tha word)	Dept 16 193 4
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of O. I + B	22. I HEREBY CERTIFY. That I attended deceased from
Covert - Daleman	, 19, to, 19
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on 19 death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, atm.
1-6 3 7 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and retated causas of Importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as STIK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and	Automobile accident a struck by onlo-
9. Industry or business in which	mobile of the state of the stat
work was dona, as SILK MILL, SAW MILL, BANK, etc.	Jung anny canny
10. Data deceased last worked at this occupation (month and spent in this	Macunia sono -
yaar) occupation	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
(Stata or country)	n. 1' 11 th 101 P' & 2
13. NAME Phalemeton Buckle	Occupred on Hyptherilles, Prince Frangos
13. NAME Pasking ou Questie	Country monylands
4. BIRTHPLACE (city or town)————————————————————————————————————	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? A. C. C. C. Data of injury example (L1934). Where did injury occur? Clashington at Baltimone Barter and
Rue Parisa	(Specify city or town, county and State)
17. INFORMANT OUT (Address) 9/8 (Valine and are Fine dale	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	In public flace Between Blook Thout is Wella Grance North.
Place washington 20. C. Data Sept 19, 1934	Manner of injury Amel Lymotor vehicle - outowastlen
	Nature of injury Fractured rubs it formationed lung.
19. UNDERTAKER Francis Gascha Sove	24. Was disease of injury in any way related to occupation of deceased
(Address) My attevelle mo	If so, specify
20. FILED Sept. 18, 1934 Mrs - Jas. Deverel	(Signed) that C. Alapana M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	,	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year
	Mag1,1020	dust out the tele	1 year

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Rines george	Registration Dist. No. 243
/ Village or City Bours	NoSt.,Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Lucie ann Born	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)? But known	I last saw h alive on O'Cree 19 /: death is said
7. AGE Years Months Oays If LESS than I day, hrs. or min.	to have occurred on the date stated above, at
1 9 Trade profession or particular	are to Allelate O
A lake, professing, or particular, or particular with a lake of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and separation the separation the separation than the separation that the separation than the separation that t	4
10. Date deceased last worked et this occupation (month and year)	- art
12. BIRTHPLACE (city or town) Bounce (State or country) Anna Clack Roa D	Other Contributory Causes of importance:
13. NAME John Brown	
13. NAME John Brown 14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of What test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME alice Sonders	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME also Sonders 16. BIRTHPLACE (city or town) (State or country) Varance	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Edward Hall (Address) Bours m D	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 03 om 2 Date Left (1934	Nature of injury
19. UNDERTAKER Williams & Suns (Address) Growth, Mid	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Self 1, 19 34 Q. & Laracartan Registrar.	(Address) Ware market

If more blanks are needed, address State Registrar, 2411. Charles Street, Ballimore, Requesting TU. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employce," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	A Dept.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PURFAIL V.S.	į		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 09350
1. PLACE OF DEATH	(75)
County Trunce Letiges	Registration Dist. No. 243
Village or City Bowe	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mos,ds.
2. FULL NAME - Henry Brown	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED.	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6 DATE OF RIPTH (month day and year) about 1894	19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, atm.
about 40 lday,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
1 9 Trade profession or particular	Oate of onset
S. Hade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end spent in this	CAChile
9: Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Alle Farm
	Progressi bells las Il The ett
year) occupation	Other Cantributary Causes of importance
12. BIRTHPLACE (city or town) Unfermation (State or country)	
13. NAME //	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Oate of
(State of County)	What test confirmed diagnosis? Was there en eulopsyTho
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)(State or country)	Accident, suicide, or homicide?0ate of injury19
17. INFORMANT A Tracky Co. (Address) 33-44-5	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL A G	Manner of injury
Place Flaching auth Oate 1 134	Nature of Injury
19. UNDERTAKER M. Flydling & Seus	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Bown, WU	If so, specify
20. FILEO SYT 15, 1934 STERQUELLE Registrar.	(Signed) M. D. (Address) / Stadenelay mol

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 19352
1. PLACE OF DEATH	(82°a)
County PRINCE GEORGE	Registration Dist. No.
Village or City SeAT 106 eASAM	TNo. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME ED WARD C 18121	2 1~
(a) Residence: No. SeAT TEASAL	A St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
Fig. If married, widowed, or divorced HUSBAND of (or) WIFE of A BROW 1859	22. Sept. 6 19 to Sept. 1934
6. DATE OF BIRTH (month, day, and year) OCT, 1/1859	I last saw h / M. alive on SeN7. 7, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6:50 Am.
75 74 10 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	COREBNAL MEMMONNAGO,
Industry or business in which	- SKO HOU
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and 1994 spent in this occupation	
12. BIRTHPLACE (city or town) BCRRU VILLE (State or country)	Other Contributory Causes of importance CLEROSIS
1 13, NAME addram W. Brown	10
- Comment of the state of the s	Name of coordina
(State or country)	What test confirmed diagnosis? Was there an au'opsy? W.C.
15. MAIDEN NAME Batherine martin	23. If death was due to external causes (VIOLENCE) fill in also the following:
16, BIRTHPLACE (city or town) Front Of ryal	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did Injury occur?
17. INFORMANT Ethal Sugker (Address) 144 F. S. E.	(Specify city or town, county and State) Specify whether injury occurred in !NDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place Wallington Date Dept 0 , 195 y	Nature of injury
19. UNDERTAKER W. C.J. Weal due (Address) 8/6-H. n. E.	24. Was disease or injury In any way related to occupation of deceased?
20. FILEDREPH. 8', 1924 Grace alow Registrar.	(Signed) M. D. M. D. (Address) J. O. G. D. M. E.) N. H. S. H. D. C.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BRIDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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STATE OF MARTLAND—CERTIFICATE OF DE	STATE	ERTIFICATE OF DEATI
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1. PLACE	OF DEA	TH		The second of th	95.2)	1335
County_	Pr	ince Ge	orge's.		Registration Dist. No. 235	
Village (or City	Capitol	Height	S .	NoSt.,St.,St death occurred in a horpital or institution, give its NAME instead of street and t	Ward
Length of	residence în ci	ity or town where	death occurred	yrs,mos	Sds. How long in U.S. If of foreign birth?yrsm	number)
					S.S.	
(a) Resi	dence: No	Bradb	ury-Hei	ghts.Md.	St., Ward. If nonresident give city or town and	State
PERS	ONAL AN	ID STATIST	ICAL PARTI		MEDICAL CERTIFICATE OF DEATH	Diale
s. sex Male		R OR RACE	OR DAYORCE	RIED, WIDOWED, D (write the word) DWOO	21. DATE OF DEATH September 1st	, 1934
5a. If marriad, wi HUSBAND ((or) WIFE o	dowed, or dive	orced Elizab	eth.Bur	ress.	(Month) (Day) 22. I HEREBY CERTIFY, That I attended	(Year)
					, 19, to	
7. AGE	Years 75	Months	ril, 2nd	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1.55.PM.	; death is said
1000		4	30	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
SAW	rofession, or pa of work dona, YER, BOOKKEE or business In was done, as S MILL, BANK, o	as SPINNER, PER, etc	Ketire Farmer		Natural Causes.	
10. Data dec	eased lest wor	rked at nth end 19 14	11 Total ti	ime (years) nt in this upation		
12. BIRTHPLACE (State or		Mary	land		Other Contributory Causes of importance:	
13. NAME	Wil	liam Bu	rgess.		Suffored from heart disease.	
	ACE (city or to a or country)	wn)	vland		Name of operation	
15. MAIDEN	NAME M		zabeth.	Parker	What test confirmed diagnosis?	
	ACE (city or to or country)	wn)	vland.	dinoi	23. If death was due to external causes (VIOL ENCE) fill in elso the following Accident, suicide, or homicide?	, 19
(Address)	713 - I	ngraham	t.Brink Street	N.W.D.C	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL CREA	edar-H	111	DateSept	4th 1934	Manner of injury	
19. UNDERTAKER	Cemete Marti 1300	n W.Hvs	ong.Co.	D, C / /	24. Was disease or injury in any way related to occupetion or deceased? If so, specify Thor. D. Suffillo (a	et loro
20. FILED 9:	-1	19.34. T	hos 5 k	Guffelh Registrar.	(Signed)	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	li li	Example II	
The principal cause of death and related of importance were as follows:	d causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis IFECE	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage Oli , 10	July 5, 1927	Perilonilis	3 days ago
FUREAU \	/ S		
Other contributory causes of importance	9:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09354
1. PLACE OF DEATH	23
County Vruce, Terges	Registration Dist. No. 240
Village or City Wiltowhasher	No. House of Reporting to St. Ward
Length of residence in city or town where death occurred 2 yrs 1 mos	death occurred in a hospital or institution, give its NAME instead of street and number) 4 ds. How long in U.S. if of toreign birth?
2. FULL NAME Paul Classifica.	
(a) Residence: No. Easton, ma	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH Sept (Year)
5a. It married, widowed, or divorced HUSBAND of	1/
(or) WIFE ot	22. I HEREBY CERTIFY. That lattended daceased from
6. DATE OF BIRTH (month, day, and year) July 11-1916	I last saw h. Lo. alive on Defat 6 193 % death is said
7. AGE Years Months Days It LESS than	to have occurred on the date stated above, at 7, 3 0 7 m.
18 1 27 I day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as tollows:
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc	Inhuman Luber Culosy
kind of twork done, as SPINNER. Kind of twork done, as SPINNER. SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
and acceptation (month and	
year)occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Castom Ma	
13. NAME UNKnown	
13. NAME UNICONN 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME # aune Clayfore 16. BIRTHPLACE (city or town) Zaston	23. It death was due to external causes (VIDL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Easton	Accident, suicide, or homicide? Date of injury, 19
(State of country)	Where did injury occur?
17. INFORMANT & STORY CHUTCHER AND	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL HEAD	Manner of Injury
Place Ukellenham Date Stefet, 8-, 193 4	Nature of injury
19. UNDERTAKER J. B. Jyles, Supt.	24. Was disease or Injury In any way related to occupation of deceased? The
(Address) & heltenham, Md.	If so, specify 1
20. FILED Deht, 8-1934 Mis. J. K. Smith	(Signed) William of Tobons M.D.
Local Registrar.	(Address) Caom md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, ctc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago 1921 Run over by street car 1 week ago Chronic interstitial nephritis Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1,1923 1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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state infor-

plnods

OCCUPA.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- I property 5.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(59)
County My ,	Registration Dist. No. 245
Village or City AMMUSOOD MU	No. St. War
Length of residence in city of town where death occurredyrsmo	If death occurred in a hospital or institution, give its NAME instead of street and number) s
· PA KALO	ds. How long in U.S. if of foreign birth?
2. FULL NAME X WILL MALL	400 70
(a) Residence: No. ///////////////////////////////////	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR, RACE OR DIVORCED (write the word)	21. DATE OF DEATH
a. If married, widowed, or divorced	- (Day) (Yer)
HUSBAND of (or) WIFE of	HEREBY CERTIFY That altended deceased from
DATE OF BIRTH (month, day, end yeer)	I lest saw h 2 alive on Ath 8 1974: death is sa
. AGE Years Months Days If LESS than	to have occurred on the date steted bove, at 2 2 0 ft m.
1 day,hrs.	The Principle Of DEATH and reisted causes of importance
8 Trade profession or particular	Date of one
Nind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupation (month and year)	
Branker les	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) (State or country)	nv
13. NAME MANK Cellus	
13. NAME 14. BIRTHPLACE (city or town) 7. State or country 14. BIRTHPLACE (city or town) 7. State or country 15. S	Name of operation. Date of
(State or country)	Name of operation Date of What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME NAMEN Myn. Browlow	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). T. C.	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
7. INFORMANT NOWN Callins (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Bladensburg M. Date gg., 1934	Nature of injury
9. UNDERTAKER 4. Parche Journ	24. Was disease or injury in any way related to occupation of deceased?
(Address) Olyantaville mad	If so, specify
	(Signed) / William M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arleriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE BUREAU VES-			
3 1	فني		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09357
1. PLACE OF DEATH	23
county Prince george	Registration Dist. No. 212
Village or City Fair mount Heights	No. 5 Clark avest, Ward
Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Crawford, James	es Thomas
(a) Residence: No. 5 Clark ' ave	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
male negro Warried	Sefstember 16, 193 4
5a. If married, widowad, or divorced HUSBANO of	V. C.
(on) WIEE of hurs. I da Crawford	22. I HEREBY CERTIFY, That I ettended deceased from 20, 1934, to Select 16, 1934
6. DATE OF BIRTH (month, day, and year) Dec. 30, 1905	I last saw alive on Sofat 16 , 1934; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, a8: 45 a.m.
0 0 0 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Watchman, SAWYER, BOOKKEPER, etc.	Tulmonary Suberculosis
9 Industry or business in which work was done, as SILK MILL, Paper will SAW MILL, BANK, etc.	Jan ; 434
	9
10. Oate deceased last worked at this occupetion (month end aug. '34' spent in this occupation 6	
12. BIRTHPLACE (city or town) Infafaer Marlboro	Other Coatributory Causes of importance: Hercanhage less and
(State or country) Maryland	
13. NAME (Indrew Crawford	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of
15. MAIDEN NAME Katie Dolsey	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external ceuses (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of injury19
(State or country) Mary	Where did injury occur? (Specify city or town, county and State)
(Address) 5 Clark are, pairment Hgt	Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mally 25 C Oate 2 Cht 16, 1934	Manner of injury
19. UNDERTAKER GLOIGLE CLAIK (Address) 1416 1210 mil 180	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Seft 16e, 1934 John & Weash.	(Signed) headone Pineferrey, M. D. (Address) 8/2 - 4 H th Sty. C. J.
Acgustat.	(Hourself Land Land Land Land Land Land Land Land

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis (C)	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S. II	July 5,1927	Peritonitis	3 days ago
Constitution of the Consti			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH 093	38
1. PLACE OF DEATH	97)	
County Vruce Deorge	Registration Dist. No. 214	5
Village or City Educoust les	No	Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and nunosds. How long in U.S. if of foreign birth?yrsmos.	
2. FULL NAME Tillie M. Entone		
(a) Residence: No. Edmouston	St Ward.	
(Usual place of abode)	If nonresident give eity or town and Ste	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Self 29	93_ 4 (Year)
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ele 24 Ealon	22. HEREBY CERTIFY, That Jettended dec	ceased from
6. DATE OF BIRTH (month, day, and year) May 5-1867	I last saw h allye on A 4/5 F 7919	death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 730 m.	20011113 3010
1.7 4 24 1day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc.	- Parte farenchymatous nephritis.	74-013
9. Industry or business in which work was done, as SILK MILL,	Questing the weeks.	/
SAW MILL, BANK, etc		
10. Data deceased last worked at this occupation (month end spent in this		
yaar) occupation occupation	Other Coutributory Causes of importance;	
12. BIRTHPLACE (city or town)	a P P AD	100-01
(Stata or country)	- wrong server	7 /
13. NAME MM Trances Brossus		
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was there an auto	opsy?
15. MAIDEN NAME Maluka Elles	23. If death was due to external causes (VIOLENCE) fill In also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(Stata or country)	Where did injury occur?	
17. INFORMANT (Addrass) Common destina	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE	Ē.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Deadershill Date Of 193	Nature of injury	
19. UNDERTAKER # Jasche Gojis (Address) Presidente	24. Was disease or injury in any way related to occupation of deceased?	dimes
20. FILED Oct 1 1 18 3 4 Mms. Jas. S. Registrar.	(Address)	M. D.
If more blanks are needed, address State Registra	st, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	172411	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 19359
1. PLACE OF DEATH	40
County Prince Learning	Registration Dist. No. 236
Village or City theoremeently (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary agnes Edeline	St. Ward.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Manne d	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Edelen	22. / LHEREBY CERTIFY, That I attended deceased from
	1928, to Sept 1/ 1934
6. DATE OF BIRTH (month, day, and year) 3 /862 7. AGE Years Months Days if LESS than	i last saw half alive on SUNT 1934; death is said
) 2 0 1 day,hrs.	to have occurred on the date stated above, at
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, A home SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Caronna of 1926
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	lives
10: Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town). Prancis Ser &	Other Coatributory Causes of importance:
(State or country) md	Hemorbage
13. NAME Joseph Brady	
14. BIRTHPLACE (city or town) Programme Stee Co (State or country)	Name of operation Gull alone & affindecities Date of aug 192>
	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Pin ce Sever	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Vaolet E, Bastwight (Address) / 30 5 F. As 9 F. Wash DC	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place addison Chapel Date Lept. 13 ,1934	Nature of injury
19. UNDERTAKER Clasence Foresche	24. Was disease or injury In any way related to occupation of deceased? NO
20. FILED Sept, 12, 19.3 4 Mora 4. Registrar.	(Signed) Strudy & asser M.D. (Address) 11 Asser malhow and

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUPEAU VI			
Other contributory causes of importance:	mineral	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Cocal Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II			
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
LUDEAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

5	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
DING	IANENT RECOR	ACTLY. PHY	assified. Exact's	
D FOR BIN	IIS IS A PERM	be stated EX	be properly cla	of certificate.
MARGIN RESERVED FOR BINDING	JING INK-TI	AGE should	se that it may	ctions on back
MARGI	WITH UNFAI	efully supplied.	in plain terms,	ant. See instru
	ITE PLAINLY,	on should be car	SE OF DEATH	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. BWR	matic	CAU	TION

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	164)
County Trince Seasons 10 511V	Registration Dist. No.
Village or City / Lyattsville Inc	No. St., Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William T. Fa	ll Si
(a) Residence: No. 13 mc Kinley ave	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) OR DIVORCED ("write the word)	21. DATE OF DEATH September 4, 193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margarer Fall	22. I HEREBY CERTIFY, That I attended deceased from 19
6. DATE OF BIRTH (month, day, and year) Luly 9 1852	last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at A.m.
82 1 23 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	9
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Journal of this programmer of the control of this programmer of this programmer of this programmer of the control of	Juicidial - Jos
work was done, as SILK MILL, Duck maker	Por min a
year) occupation occupation	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) / Maddle By Co. (State or country)	
	Nama of oparation Data of
14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary a. Bene dich	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary a. Bene dich	Accident, suicide, or homicide? Suicide Date of injury of 14, 19 3 4
(State or country)	Where did injury occur? 4 Cattlew Q. (Specify city or town, county and State)
17. INFORMANT William 1. Fall frage (Address) 13 22 5 Kinley Adve	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL. Place Lies Supplied Date Supply 19/3-	Manner of Injury
19. UNDERTAKER (Address) 6/6 - M - 2 2 4 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	24. Was disease or Injury In any way related to occupation of deceased 115 of the second 115 of the se
20, FILED Sept 4", 19.34 Mrs Jas. Sever	(Signed) (Address) Hy arrival and M.D.
If more blanks are needed address State Penistran	2422 N. Charles Street Beltimore Permertum 7) S. No.

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The state of the s	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

FOR BINDING

MARGIN RESERVED

V. S. No. 1

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		ST	ATE (OF I	MAR	YLAND-	CERTIF	FICATE	OF DE	ATH	09362
1	1. PLACE OF	7	-	0.				(22-a)			- ://
	County	yu	me,	n.	nge	0	STIN CUANA	A	Registrati	ion Dist. No.	270
	Village or C	ity m	TIL	an	ues		No. 31	17-12-1	484		St.,Ward
			or town where	death occ	urred 4					AME instead of stre	
	2. FULL NA	and let	11	Mh	28	Fran	wis		or roleign birth.		
			3117	Be	nhe	MURC	C1	Mond			
	(a) Residen	ce: Nos	22.5	- J. S	Javal place	of abode)	SL,	Ward.	If nonresid	dent give city or to	wn and State
	PERSON	AL AND	STATIST	ICAL	PARTI	CULARS		MEDICAL	CERTIFICA	TE OF DEA	TH
3.	SEX 7	4. COLOR			DIVORCEI	RIED, WIDOWED, O (write the word)	21. DATE	OF DEATH	Sofar Month)	29 (Day)	, 193
5a	. If married, widow HUSBAND of	- 10	11 -	4							```
	(or) WIFE of	we	learn	Z	an		22. Sept	THEREE	Y CERT		ttanded dacaasad Iron
6.	DATE OF BIRTH (month day	nd vaar)	me:	23	-1870	I last saw h	alive on	11-28	çd ,1	9 : death is said
-	AGE Yaa		Months		Days	If LESS than	to hava occur	rad on the date st	atad above, at		
	61	4.	3		6	l day,hrs.	The PRINCIP	AL CAUSE OF DE	ATH and related	causes of important	Date of onset
N	8. Trade, profes	sion, or part vork done, as	icular SPINNER,	1 has		1				***************************************	Date of oneset
OCCUPATION	9 Andustry or	vork done, as BOOKKEEPE business in w		9	700 %	/·········	-	1 K	ut Var		104
UP/	. Work was	done, as SIL L, BANK, etc	K MILL,					W1/ 0~//			
000		ed last worka pation (month		4		me (years) It in this pation					
12	. BIRTHPLACE (cit	ty or town)	M	len	Va	1	Othar Contrib	outery Causes of in	portanca:		
12	(State or cour				,		10	terni	· '		20
ER	13. NAME	Jasu	so W	el	am	sus					
FATHER	14. BIRTHPLACE	(city or town	1) 1	ul	and		Name of opar	ation		Di	ata ol
-	(State or		10		1	1. 1. 1	What test con	firmad diagnosis?		Was th	ara an autopsy?
THER	15. MAIDEN NA	ME	Lan	1/10	241	men				E) fill in also the f	
MOTH	16. BIRTHPLACE (State or		1)	ret	-an	<u> </u>				Date of injury.	, 19
		from	~ /	I	2.004	la à	Where did inj		(Specify cit	y or town, county	and State)
17	(Address)	3/11.	hill.	110	av au	wh	Specify wheth	ier injury occurred	in industry, if	HOME, or in PUB	EIG PLAGE.
18	BURIAL, CREMAT	ION, OR RE	OVAL	200	11	2- 4	Manner of inj	ury			
_	Place	asmy	~ /- //	Date	afi	29 ,1954	- Nature of Inju	ıry			
19	. UNDERTAKER _	W. L	V. Che	ems	Ln. G	J	24. Was disaas	e or injury in any	way related to oc	cupation of dacaas	sed? W
-	(Address)	Wal	zh d	NO	. 01	14.	If so, spacify	1		-18-	
20	FILED JUL 2	19:	34/7	eng !	hall	y M. K.	(Signad)		my M	(Aug)	M. I
II.						Registrar.	II (F	Address)	A V Da	1	-

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	BUREAU V. S.	11			
Other contributory ca	uses of importance:	erview.	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

V. S. No. 1

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1. PLACE OF DEATH		2.3	77
County Same	2006	Registration Dist. No.)
Village of City Wolfer In	allow.	No	Ward
Length of residence in city or town where death		death occurred in a hospital or institution, give its NAME instead of street and How long In U.S. if of foreign birth?yrs	
2. FULL NAME Florid	Lebento	A H.	
(a) Residence: No. While	The add a	C. St., Ward.	
(a) Residence. No.	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	., 193
5e. If married, widowed, or divorced HUSBAND of	9		(real)
(or) WIFE of		1 HEREBY CERTIFY, Thet I attended	deceased from
H	1. 90 1914	19 to 8	4 . 19.27.
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, et 230 mt N	'; death is said
9 11	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
2 Trade profession or particular	LO ormin.	were as follows:	Data of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Esmer	(PAID MAN AND TITLE ON OFFI	Jan 15 19
9. Industry or business in which		I me me ready wither cuerus	- Barrey
work was done, as SILK MILL, SAW MILL, BANK, etc			-
	11. Total time (yeers) spent in this		
yeer)	occupation	Other Cantributory Causes of Importance:	
12. BIRTHPLACE (city or town)	Senge		- A
(State or country)	NOON /	Mher Culous Seriloulis	July 1 193
14. BIRTHPLACE (city or town) At Pa	Dank		4 1
14. BIRTHPLACE (city or town)	casys of	Name of operation Date of	
(State of country)	y a co	What test confirmed diagnosis?	eutopsy?no
15. MAIDEN NAME	nasan	23. If death wes due to externel causes (VIOLENCE) fill in also the following	g:
0 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	, 19
≤ (Stete or country)	any co	Where did injury occur? (Specify city or town, county and Sta	
17. INFORMANT (Address)	Tay to	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION OF REMOVAL	and one	Manner of injury	
The hand of the state of the st	ate Defet 11, 1934		
19. UNDERTAKER B. (Address)	Mysy	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?	MO
20. FILED - 10, 1934 C	lor fruith Registrar.	(Signed) Chil	M.D.
If more blank	170-10	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~

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BINDING

FOR

IARGIN RESERVED

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Other contributors of important		Odlar a stributor garage of immediates.	
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PHYSICIANS should state Exact statement of OCCUPA-

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CAUSE OF DEATH in plain terms, so that it may be

supplied.

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TION is very important.

See instructions on back of

STATE OF MARYLAND-CERTIFICATE OF DEATH

4 4	63	9	100	Street, Street	
3.5	1.5	3	24	-	
V	3	U	V	5	
-	-				

1. PLACE OF DEATH		(82-a)		
County Dence Le	reges	F	Registration Dist. No	243
Village or City 3	,	No		St.,Ward
Length of residence in city or town where death occur		death occurred in a hospital or institution, sds. How long in U.S. if of fore		
2. FULL NAME of liee	Harris			
(a) Residence: No. (Usu	nal place of abode)	St.,Ward.	If nonresident give city or to	own and State
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERT	IFICATE OF DE	ATH
	E, MARRIED, WIDOWED,	21. DATE OF DEATH	onth) (Day)	, 193. 4
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	Vairi	22. I HEREBY C	ERTIFY, Thet I	attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months D.	ays tf LESS than 1 day,hrs.	I last saw h alive on to have occurred on the date stated abo The PRINCIPAL CAUSE OF DEATH an	ve, etm.	19; death is seld
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0 10. Date deceased last worked et this occupation (month and year)	Total time (years) spent in this occupation	Str/gas 11	Trust	4
12. BIRTHPLACE (city or town)	han den	Other Coutributary Causes of Importanc	a: 	
	and and			
13. NAME 14. BIRTHPLACE (city or town)		Name of operation		Date of
(State of country)	zeorge lo	What test confirmed diagnosis?	Was t	here an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17/INFORMANT (Address)	Janes Cy 1th	23. If death was due to externat causes (Accident, suicide, or homicide? Where did injury occur?(S Specify whether injury occurred In INO	Date of injury	and State)
18. BURIAL, CREMATION, OR REMOVAL Place 700 ml Mdoate	Sept 6, 1934	Manner of injury		
19. UNDERTAKER Clarence Ce 3 (Address)	ole acte	24. Was disease or injury in any way rel	lated to occupation of dece	esod?
20. FILEO Sept 3, 1934 9 8	aneaster Registrar.	(Signed) (Address)	Mull	-M.O.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUPPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPA-

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I			Example II		
The principal cause of death a of importance were as follows:	nd related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	176	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	2	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of in	portarce		Other contributory causes of importance:		
Gallstones	20 00	May 1,1923	Gastroenteritis	1 year	
	12 00	N			
ADDIT	IONAL SPACE	OR FURTH	ER STATEMENTS BY PHYSICIAN		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 19368
1. PLACE OF DEATH	(93-2)
county Prince Gences	Registration Dist. No. 242
Village or City O Vo 1 Del	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Thomas Hatton	
(a) Residence; No. Oyo / Held	St. Ward.
(Usual place of abode)	If nonresident give city ot town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Sa. If merried, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Caroling Fattor	22. 1 HEREBY CERTIFY. That I attended decessed from
6. DATE OF BIRTH (month, dey, end year) 1859	I last saw h alive on July 19.3 death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
F 80 3 13 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance, were es follows:
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chrom mysearing
9. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupetion (month and year) 11. Totel time (years) spent in this occupetion	
12. BIRTHPLACE (city or town).	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country)	Whet test confirmed diegnosis? Was there an autopsy? had
15. MAIDEN NAME	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
State or country) 17. INFORMANT CLASSIC Educine	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) O Vo T	
18. BURHAL, CREMATION, OR REMOVAL Place Pasky 10, 1934	Manner of injury
Place Place Date 1971. 10 ,194 7	Nature of injury
19. UNDERTAKER OWN D. C. Aller C. (Address) 95 (-	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Safet 10, 19 34 Grace alver Registrar.	(Signed) M. D. (Address) A sealfully M. D.
If more blanks are peeded, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.	14 23		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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under	statton ()	11-2-34	. 0	, 0	0

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	PERSON	AL AND	STATISTI	CAL PARTIC	ULARS
3 SI	nale	Mhi	R OR RACE	SINGLE, MARRIED WIDOWED OR DIVORCE (Write the wor	Single (d)
6 D	ATE OF BIR	тн			
		400000000000000000000000000000000000000	9	10	
			(Month)	(Day)	(Y
7 A	GE.	v	rs	nos.	If LESS
(b) Trade, pro rticular kind) General na siness, or es	d of worl ature of i stablishme	ndustry cent in	me	
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ARENTS & 6 M CO	nticular kind) General na isiness, or est hich employe RTHPLACE (State or count 10 NAME O FATHER 11 BIRTHPL OF FATH	acce er acce er country)	ndustry ent in ployer)	Im, &	Ş.
RENTS & Bud & G	articular kind) General na isiness, or es hich employe (RTHPLACE (State or cou 10 NAME O FATHER 11 BIRTHPL OF FATH (State or 12 MAIDEN OF MOTH 13 BIRTHPL OF MOTH	ace ER Country) NAME LIER LACE	ishing		ς.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

1 phello	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE OF	DEATH
16 DATE OF DEATH	0 , 1534
(Month)	(Day) (Year)
17 I HEREBY CERTIFY, That I atten	
930 9 m 9/10 194 10310 B	m 9/10,1934.
that I last saw h AT alive on 9/	1932.
-/	
and that death occurred on the date stated at	oove, at .J
Primaturity	
- nem mussay	
	0000000-000000000000000000000000000000
(D)	/ .
(Duration)	yrsmos. /4ds.
Contributory Secondary	wani.
(Signed) Dulhun 1, Mu	vrs. mos. Za-ds.
a Dolland huss	4
(Signed)	J. P. S
9/11 1984 (Address) 2211 5	E U S.
*State the Disease Causing Death, Violent Causes, state (1) Means of Injuraccidental, Suicidal or Homicidal.	or, in deaths from by and (2) Whether
18 LENGTH OF RESIDENCE (For Hospital	s, Institutions, Trans-
ients or Recent Residents)	
At place In the of deathyrsmosds, State_	yrsAs,
Where was disease contracted, if not at place of death?	
Former or usual residence	

DDRESS

DATE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). gaged in domestic service for wages, as Servanl, Cook, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealeases, especially in industrial employments, it is neces-Physician, Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Housemaid, etc. If the occupation has been changed Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborerthat fact may be indicated thus; Former (re-(b) Cotton mill; (a) Salesman. without more precise specification as Doy At school, or At home. Care should be taken Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material -Coal mine, etc. Womperson, irrespective of Locomolire engineer, (6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic ocid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was under-"PUERPERAL septieaemia," "PUERPERAL peritomitis," etc. diseases resulting from childbirth or misearriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Whooping American Medical Association.) Examples: Accidental drowning; Struck by railway troin-"Atrophy," "Collapse," "Coma," "Convulsions, perllonaeum, etc., Careinoma, Sareoma, etc., of (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronie affection need etc. The contributory volvular heort Always qualify all disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

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(No.____



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 237

St.: Ward)

(If death occurred in a hospital or institution, give lts NAME is stead of street and number.)

2FULL NAME / / / / / / / / / / / / / / / / / / /	number./
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED Warried (Write the word)	16 DATE OF DEATH Sophenby 25, 1984 Soph. (Month) 25 (Day) 1934(Year)
March 23, 1897 (Month) (Day) (Year)	that I last sow is alive on droped cheated, 192
7 AGE If LESS than 1 dayhrs. ormin.?	The CAUSE OF DEATH * was as follows: Judguey Jose Surrouding Executtores
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE	Central attack Duration) yes mos de Contributory Constitutory Contributory Contribu
(State or country) May land 10 NAME OF FATHER Sacruel Vacultius 11 BIRTHPLACE OF FATHER	(Signed) November (Signed) (Si
(Stato or country) Many land (Stato	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) May land	At place of death / yrs
(Informant) Cathe sur a lawfiers wife	Former or January Many Many Many Many Many Many Many Man
(Address) Badrer Fred.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Soft 27, 1939 20 UNDERTAKER ADDRESS
15 Filed Saph 26 1984 Novem Blowles	A 1 B

Every Item CIANS sho statement

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cool., Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopacumonia ("Pneumonia")

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A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 09370
state UPA	1. PLACE OF DEATH .	(F84)
of informal of of of order	County June Jeorgs	Registration Dist. No.
E - /	Village or City of her trulbor	NoSt.,Ward
= 0 /	Length of residence in city of town where death occurred / yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
CORD. Every PHYSICIANS		
ten CI	2. FULL NAME Stur Cura	
YS.	(a) Residence: No. // (Usual place of abode)	St., Ward. If nonresident give city or town and State
RECORD PHYS Sxact str	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ex.	3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
L'Y	mule Mite OR DIVORCED (ravite the word)	()/(o/th) (Oay) (Year)
RMANEI X A C T classified	5a. If marriad, widowed, or divorced HU3BANO of	
A (assi	(or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased from
	6. DATE OF BIRTH (month, day, and year) March 1 · 1916	I last saw halive on
Pl d]	7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 1, 30 m.
IS A PE stated E properly certificate.	24 6 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
**		Oate of onset
be be	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Jus dul wound in
ould may	Tindustry or business in which work was done, as SILK MILL, W. J.	theadougny
SC _E		Herdental.
AGE SI that it ons on	10. Date deceased last worked at this occupation (month and 1934) spant in this occupation (coupation 294)	
AG th ion	When headborn	Other Contributory Causes of Importance:
d. se	12. BIRTHPLACE (city of town) (State or country)	
CUNFADING supplied. AGI terms, so that ee instructions	# 13. NAME Dell. Dele.	
D # 42	13. NAME TO THE 14. BIRTHPLACE (city or town) Dans down the control of the contro	Nama of operationDate of
y suj ain t	(State or country)	What test confirmed diagnosis? Was there an autopsy?
WITT efully in pla	IS. MAIDEN NAME hatting & trying	23. If death was due to external causes (VIOL FNCE) fill In also tha following:
INLY, WI be careful EATH in I	5 16. BIRTHPLACE (city or town) M has many box	Accident, suicide, or homicide? Accident Date of Injury Left 13, 1934
ATE OF INDO	(State or country)	Where did injury occur?
AINLY, WITE d be carefully su DEATH in plain y important. See	17. INFORMANT Depland	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
E PLA should OF D	(Address) / Offer Tienellow Ken)	a fill Home
Sh Sh E C	18. BURIAL, CITEMATION, OR MEMOVAL	Manner of injury Olea your Thologue
WRITE mation sCAUSE	Place Michigan 19, 19, 19	Nature of injury / Wiltbourgh
mation CAUS TION	19. UNOERTAKER WILLIAM A	24. Was disease or Injury in any way related to occupation of deceased?
B	(Address) you from the work of the	If so, specify
z F	20. FILEO Jef 17, 1934 Just Spails	(Signed) to acey Saylor & Vact Coromo?
C	If more blanks are needed, address State Registrar.	(Address) Dyple Mile Lord mg

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Total Control	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonilis	3 days ago
Other contributory causes of montances	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
4			

STATE OF MARYLAND—	CERTIFICATE OF DEATH		
1. PLACE OF DEATH	(184)		
County Charles Prince	Leonge Registration Dist. No. 242		
Village or City Ardwels Ind.	No. St. Ward		
(If	death occurred in a horpital or institution, give its NAME instead of street and number)		
Length of residence In city or town where deeth occurred	ds. How long In U.S. if of foreign blrth?yrsmosds.		
2. FULL NAME Larshon & Lyles			
(a) Residence: No. andwich	Syst Ward.		
(Usual place of abode)	ff nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH		
OR DIVORCED (write the word)	21. DATE OF DEATH		
5e. If married, widowed, or divorced	(Month) (Dey) (Year)		
HUSBAND of .	22. I HEREBY CERTIFY, That I attended deceased from		
(4) ****	, f9, f9, f9		
6. DATE OF BIRTH (month, dey, end yeer) Chril 6 1918	I lest sew h elive on, f9; death is seld		
7. AGE Years Months Deys If LESS then	to heve occurred on the dete steted ebove, et. 6.30/m.		
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:		
8. Trede, profession, or perticular kind of work done as SPINNER	chiternae Hemurhago Date of onsot		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	result of Bur Shoff		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. S-Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10-Dete deceesed lest worked et this occupation (month and	Mound of right lower obdomens		
10. Dete decessed lest worked et ff. Totel time (years)	entire sede. Instantaneous death Regge		
this occupetion (month and spant in this occupetion year)	garses. Twenery who did the shooting, we so		
1, ' 5	Other Contributory Causes of importance; held for mansloughter.		
12. BIRTHPLACE (city or town) (Stete or country)	Jurner was examorated by Juney the Latter		
13. NAME () 4 / 4/6-	- body fanding that shooting was accidental.		
H	- as unintentional.		
44. BIRTHPLACE (city or town) (Stete or country)	Neme of operation		
	Whet test confirmed diegnosis? Was there an autopsy?		
H A S C	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?		
O 16. BIRTHPLACE (city or town)	Where did injury occur?		
meln : odeed.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
17. INFORMANT CAR	Jours by June in House, of in Poblic Place.		
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury		
Piece Dlen Crolen Dete 10 3, 199	Nature of Injury of Class Correction		
10 HADROTAVED of Standin San	24. Wes diseese or Injury In eny way releted to occupetion of deceesed?		
19. UNDERTAKER And Jacks Journal (Address) Kastawell o m	If so, specify		
on such sell 22 may margally House	(Signed) M. D.		
20. FILED 20. 1934 1170. 10. 11 Co. 20. Registrar.	(Address)		
If more blanks ar needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH 09372
1. PLACE OF DEATH	238
County La George	Registration Dist. No.
Village or City Ox M Hele	NoSt.,Wa
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	ds. How iong in U.S. if of foreign birth?yrsmosc
2. FULL NAME Harry I greating	Marshall
(a) Residence: No. Ox for Itill	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 1. COLOR OR RACE 1. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	HEREBY CERTIFY, That i attended dacaased from
0 1 16 04	7 19 34 to 19 19 19 19 19 19 19 19 19 19 19 19 19
DATE OF BIRTH (month, day, and year)	liast saw h M. alive on Alfred 4 7
AGE Yaars Minth Days If LESS than I day,hrs.	to have occurred on the data stated above, at. 11.30m.
2 / ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER.	Congruet al supero
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	- /,,
9. Industry or business in which work was dona, as SILK MILL SAW MILL, BANK, atc.	Wasseman lest position
10. Date deceased last worked at	in bally & parents
this occupation (month and spent in this occupation occupation	
1 de la tra	Other Contributory Canses of importance:
(State or country)	
	- Allea Travilla
13. NAME Janatius Markall 14. BIRTHPLACE (city or town) Oxon If ill	(checked 2 days lextredent)
14. BIRTHPLACE (city or town) Oxon Hill	Name of operation Date of
(Stata of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Johnson 16. BIRTHPLACE (city or town) Allows Johnson (State or country)	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). aller town	Accident, suicida, or homicide? Date of injury, 19
(State or country)	Whare did injury occur?
7. INFORMANT Sather	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Ohn Ful May,	- The state of the
8. BURIAL, CREMATION, OR DEMOVAL ALL	Manner of injury
Place Reu Fill Data up 30 ,19	Nature of injury
Jan at on Man Non	
19. UNDERTAKER THE MALES WELLOW	24. Was disaase or injury In any way related to occupation of deceasad?
(Addrass)	
(Addrass) The tree mil. Tatha	If so, spacify (Signat) (C. L.)
20. FILED Left 28, 134 Suy & Fuere and Registrar.	(Signed) L. Le. Schwart M. M. (Address) Route 2 augustie

CEDTIFICATE OF DEATH

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disea e, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TIN WATE OTITIES	OLZEVE	TOTE	T CICILITIE	DISCIPLINATION	DX	THEFORDICATION

STATE OF MARYLAND-	CERTIFICATE OF DEATH 09373
1. PLACE OF DEATH	<u> </u>
County There dong	Registration Dist. No.
Village or City to the hearth 500	No. St Ward
	f death occurred in a perpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmc	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Stillon May	ball
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3/SEX 4/COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Tende Which OR DIVORCED (write the word)	(Month) (Pay) (Year)
5e. if married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY, That i attended decessed from
Noba \$ 1974	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, end yeer) 1. AGE	to have occurred on the dete stated above, et 3.70 m.
I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trede, profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at his occupation (month and	M of f
9. Industry or business in which	The second
work was done, es SILK MILL, SAW MILL, BANK, etc.	The O Bores
10. Date decesed last worked at this occupetion (month end year)	J. Fux wood
2. BIRTHPLACE (city or town) Mr. Diarlown (Stete or country)	Other Contributory Causes of Importence:
13. NAME Combon Meansblall 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(Stele of country)	Whet test confirmed diegnosis? Wes there en eutopsy?
15. MAIDEN NAME (House Kruth	23. if deeth wes due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) / Magyana	Where did injury occur?
7. INFORMANT (alwerse) for a	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION OF REMOVAL	Manner of injury
Place My Jonathan Kubate Jafor 10, 1974	Nature of injury
9. UNDERTAKER JOSEPH JOSEPH	24. Was diseese or injury in eny way releted to eccupetion of deceased?
0. FILED LESS 1 1 19 7 41 Grand South	(Signed) Sun Sunth Signed
Registrar.	(Address) Upper Sullow Hill
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example 1	3	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP.	ACE F	OR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	
county truck type	Registration Dist. No. 36
Village or City Handlesty	ND. St., Ward
Length of residence in city or town where death occurredyrsmos,	death occurred in a hospital or institution, give its NAME instead of street and number) S. How long in U.S. if of foreign birth?
2. FULL NAME Jufant Hich	alon-
(a) Residence: No. Hat Jesty F.S. 1	M (st., ' Ward.
(Usugl place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
0	
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (porter the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. 1 HEREBY CERTIFY, That I attended the ceased from
6. DATE OF BIRTH (month, day, and year) Debt 13th 34	I last saw h 4 an alive on Deft 134; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
O O I day, b hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular	Date of enset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	4
9. Industry or business in which work was done, as SILK MILL,	Charles 1
SAW MILL, BANK, etc.	and I
10. Date deceased last worked at this occupation (month and year)	
Handar Polo	Other Contributory Causes of importance:
12. BIRTIIPLACE (city or town) (State or country)	
13. NAME (1 bert ? away) "chokoan" 14. BIRTHPLACE (city or town) Handady & GCS	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Frene Cladys Hackshaw 16. BIRTHPLACE (city or town) Tug and a light of country of the country	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Tuty and	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT The best Person / Cho	whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVALY () A / / A A A A A A A A A A A A A A A A	/Manner of injury
Place (lust con Kaja Katol (), Lip 1 1/9 3)	Nature of injury
19. UNDERTAKER LO LON EN CO FLOREACTE	24. Was disease or in ury in any way related to occupation of deceased?
(Address) me tale la la ma	If so, specify
20, FILED Scholdt. 1974 Uma W. Peach	(Signed) Then me of the M.D.
Recieves	(Address to took of Den Will o Mal

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

· To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employed".

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			•
			King Til

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	AN
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If more blanks are needed, address of the Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

vi

STATE OF MARYLAND—CERTIFICATE OF DEATH

Oate of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows: E V E D	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis .	3 days ago
* I RUSPAN V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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	Every	ement
	JRD.	stat
	REC(Exact
OR BINDING	3 A PERMANENT RECORD. Every item of infor- ated EXACTLY. PHYSICIANS should state	operly classified. Exact statement of OCCUPA-
BII	PER	operly c
OR	s A ated	ope

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 09377
1. PLACE OF DEATH		(30)
County UN Jeo		Registration Dist. No. 240
Village or City Draudy	Lame	NoSt.,Ward
Length of residence in city or town where death		f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME / Ladys	Cun lin	Kney
(a) Residence: No.	(Usual place of abode)	St., Ward.
PERSONAL AND STATISTICA		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. CQLOR OR RACE 5. S	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sept 2 1934
ba. If married, widowed, or divorced	were you	(Month) (Day) (Yéar)
HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, That lattended deceased from
6. DATE OF BIRTH (month, day, and year)	121-1934	I last saw her alive on Reg 311 1924; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above at 7,35 Q m.
1 2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	hone	Oate of onset
Kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 1D. Dato deceased last worked at this occupation (mosth and		acute Mejohretio.
1D. Dato deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	- The acute nephretic was premury. Not to
12. BIRTHPLACE (city or town) Braw	dy cone	Dther Contributory Causes of importance:
(State or country)) · ma	-
13. NAME / The state of the sta	intering	
14. BIRTHPLACE (city or town) 122 auc (State or country)	aypone	Nama of operation Date of
15. MAIDEN NAME Rebecto	Diggs	What test confirmed diagnosis? Was thera an autopsy? 23. If death was dua to external causes (VIDLENCE) fill in also tha following:
15. MAIDEN NAME Reversor 16. BIRTHPLACE (city or town) 1011	ikings and	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT A spout Pr (Address) Brandy	nkney	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION DR REMOVAL Place Lander Communication De	ate S.fit 3,1924	Manner of injury
19. UNDERTAKER (Address)	in ma.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Sept 3, 4934 Min	! I South	(Signed) William of Gibbors M. D. (Address) the Croom mo

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	N		1

m

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	. 00010
County Prince Georges	(173) Registration Dist. No. 231
Village or City Tupedo 7000	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Lela Frinney	Plyes
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DRYORCED (gerise the word)	21. DATE OF BEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July - 17- 1934	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
19 20c 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Turshot wounds
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL,	of Head
SAW MILL, BANK, etc.	The Coroners juny decided the
10. Date deceased last worked at this occupation (month and year)	
A PURTURA A PORTAGO	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Thomas	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME The Jones	23. If death was due to external causes (VIOLENCE) fill in also the following:
16, BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide? Homesdally Date of injury 1/7 1924
17. INFORMANT Marrion, Wudley	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Jugado, mad	fucus regulary
18. BURIAL, CREMATION, OR REMOVAL Place Wergeer Cently Oate Sept - 10, 1934	Nature of injury A. A. O'nell J. Part lon
19. UNDERTAKER PRANCIS Gaselis Louis (Address) Hy attende ma	24. Was disease or injury in any way related to occupation of deceased?
20. FILEDSyst 10, 1934 Holew Stack	(Signed) (Signed) M.D. (Address) H. attaville M.D.
If we have a little of the lit	N. Olivier and A. Carrier and A. Car

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial pophritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones 4 0 0	May 1,1923	Gastroenteritis	1 year

N. B.

		out	162	CERTIFICATE	
		/			Dist. No. 234
	lage or City O HOL (No. 2FULL NAME Magaret & Proctor PERSONAL AND STATISTICAL PARTICULARS MEI 15 DATE OF DEA MINORITY (Month) (Day) (Year) 16 LESS than 1 day hrs. 17 I HER MACC (Month) (Day) (Year) (Month) (Day) (Year) 17 I HER MACC (Month) (Day) (The Allow Procession or Journal work (Month) (Day) (The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Henry & Proctor (Address) O HAN HUL Mond (Address) O HAN HUL Mond (Address) O HAN HUL Mond (Month) (Day) (Year) 15 DATE OF DEA MEI 16 DATE OF DEA MEI 17 I HER MACT 18 LESS than 1 day hrs. 17 I HER MACT 18 LESS than 1 day hrs. 18 Coultry Secondary Contributory Secondary Secondary State or Country) Maryland 18 LENGTH OF 18 IBIRTHPLACE OF MOTHER (State or Country) Maryland 19 LECS OF BU Where was disease if not at place of Former or Legger (Address) O HAN HUL Mond O HALL (Address) O HAN HUL Mond O HALL (Address) O HAN HUL Mond O HALL (No. 19 PLACE OF BU O HAN HER 10 DATE OF DEA 11 DATE OF DEA 11 DATE OF DEA 12 DATE OF DEA 13 DATE OF DEA 14 DATE OF DEA 15 DATE OF DEA 16 DATE OF DEA 17 DATE OF DEA 18 LENGTH OF 18 LENGTH OF 19 PLACE OF BU O HAN HER 10 DATE OF DEA 1	St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)		
PERSO	ONAL AND STATIST	ICAL PARTICULARS	MEDI	CAL CERTIFICATE	OF DEATH
3 SEX Temale		WIDOWED. OR DIVORCED	16 DATE OF DEATH	Left- 13 (Month) by	1934 M(Day) 13 (Year) 31
6 DATE OF B		Lud	march	BY CERTIFY, That I at	tended the deceased from
7 AGE	75 yrs.	1 day_hrs	The CAUSE OF DEA	urred on the date states	l above, at M. J
(a) Trade, particular k (b) General pusiness, or which employed (State or compared to NAME FATHE	profession or Homind of work Homind of work nature of industry establishment in poyed or (employer) hospital property of the country) Mary of	1	Contributory Secondary	(Duration) Roffleric M. Parker (Address) Oyon	Zyrs. = mos ds. Zyrs. mos ds. M. D. Hill mid
OF FAT (State 12 MAIDE OF MO 13 BIRTH OF MO	THER or country) Marien NAME THER LENGTH PLACE THER	pland nown land	*State the Violent Causes, Accidental, Suicida 18 LENGTH OF R ients or Recent I At place 3 of death yrs	Disease Causing Death, state (1) Means of Ir I or Homicidal. ESIDENCE (For Hospi Residents) In the Sta	itals, Institutions, Trans-
(Informa	nt) Henry E		Former or		DATE OF BURIAL 9 / 17 , 1934.
Filed RA		Registrar	1/	hines	gor-3rd ft.
	if more bianks are	needed, address State Registra	r. Ib W. Saratoga St.	, Daito., Requesting Y.	U, 11U. 1.

09379

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., without more precise creating, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion amplies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer We-Q or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Housemaid, etc. If the occupation has been changed For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia"); CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia, ECEI

> "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, approved by Committee on Nomenclature (Recommendations on statement of cause of death carbolic acid-probably suicide. The n ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mentetaque) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY "Congenital," "Senile," etc.), "Dropsy,
> "" "Heart failure," "Ilaemorrhage, Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

permanently filed.

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	1350
1. PLACE OF DEATH		48	
County Prince George	n	Registration Dist. No.	5
Village or City M. La attaille	·	No Dagard Heat Homes	Ward
	AT	death occurred in a hospital or institution, give its NAME instead of street and nu	mber)
Length of residence in city or town where death of	occurred yrsmos		ds.
2. FULL NAME Mrs. am	Quill		
(a) Residence: No.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	St., Ward. 4319-2nd St. Mash. 7	1.C.
PERSONAL AND STATISTICAL	(Usual place of abode)	If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	tate
	INGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
1 1 1 1 0	R DIVORCEO (write the word)	Deptember 3	199.4
5a. If married, widowed, or divorced	manies)	(Month) (Day)	(Year)
HUSBANO of (or) WIFE of M A D	00	1 HEREBY CERTIFY. That I attended de	eceased from
10s. John du	<u>a</u>	June, 28 ,1934, to Olph, 3	193.4
6. DATE OF BIRTH (month, day, and year) Doc.	4-1859	1 410	death is sald
7. AGE 75 Years Months	Oays If LESS than 1 day,hrs.	to have occurred on the data stated bove, at	
74 8	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER,		0	/
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oata deceased last worked at this excupation (month and		Caremona of Milius	
work was done, as SILK MILL, SAW MILL, BANK, etc		J	
10. Oata deceased last worked at	11. Total time (years) spant in this		
this occupation (month and year)	occupation		
12. BIRTHPLACE (city or town) Washen	Ja 19. So.	Other Contributory Causes of importanca:	
(State or country)	7		
13. NAME Nicholas Lesso.		A-A-	
14. BIRTHPLACE (city or town)		Name of operation of dominal Dection Data of	933
(State of country)	and	What test confirmed diagnosis Miles occupie Was there an au	topsy?
15. MAIDEN NAME Marry Due 16. BIRTHPLACE (city or town)	m->	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
0 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Oate of injury	, 19
∑ (State or country) Orel	and	Where did Injury occur?	
17. INFORMANT Mrs. John Jorn	Rox	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLAC	CE.
(Address) 43190-9-4 1-8t.	n. W. Washington.	A	
18. BURIAL, CREMATION, OR REMOVAL	Red & a	Manner of injury	
Place Da	18	Nature of injury	
19. UNDERTAKER THE SOLE SOL	sell .	24. Was disease or injury In any way related to occupation of deceased?	···
(Address) Prasuurgia	20 20 10	If so, specify	

Pulant Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	. 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09381
1. PLACE OF DEATH	(19)
County Prince George	Registration Dist. No. 242
Village or City Capitol / 19ts.	No. 24/ Beryman Cive St., Ward
Length of residence in city or town where death occurred	death occurred in a hospital of institution, give its NAME instead of street and number)
() ()	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME flask Karley	
	est., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write they word)	21. DATE OF DEATH (Month) (Ddy) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERT1FY, That, I attended deceased from
florge & Kailey	Selv 16, 194, to left 26, 1984
6. DATE OF BIRTH (month, day, and year) May 15 1898	I last saw h alive on Soft 1934; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Chronic intental Date of onset
SAWYER, BOOKKEEPER, etc.	neshratis
S. Trade, profession, or particular Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
Spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Tiremia Cardiac
(State or country)	pleasure To
13. NAME Shuth 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Connil Trave	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) fulfalling (State or country)	Accident, suicide, or homicide? Date of injury, 19
y 500	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ROTAL Mailey (Address) Cafet, Hats.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Place Control of Removal Place Place 19 19 34	Manner of injury
Place Date Alph d 1, 19 7	Nature of injury
19. UNDERTAKER U. W. Chamber Co	24. Was disease or injury In any way related to occupation of deceased?
(Address) 5/7 - 1/2 St St.	If so, specify
20. FILEO Sept 27, 1934 Grace down Registrar.	(Signed)

If more blanks are seeded, address State Registrar, 2411 N. Charles Streef, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or husiness in which the work was done.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

BINDING

RESERVED

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(23)
county Tr. George.	Registration Dist. No. 2 4 5
Village or City & Ary alto rule	No. Faulcher H. St., Ward
(If Length of residence in city or town where death occurred 1 yrs	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
Transition of	
S II	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE ORDIVORCED ("Drie he word) ORDIVORCED ("Drie he word)	21. DATE OF DEATH Sept. (Day) (Year)
5a. If married, widowed or divorced HUSBAND of	
(or) WIFE of Utul Cusinger.	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) June 2 6 1885	I last saw h. Assurative on Sept 1 , 19 3 9; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at
49 2 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Date of one of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL BANK etc.	Vulnumary Themourhoge,
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
It. Date deceased last worked et this occupation (month of 22 spent in this 30 occupation	Juliumary & werculo Sto., 1924,
(1) a short = :	Other Contributury Canses of Importence:
12. BIRTHPLACE (city or town) Work and Company (Stete or country)	
13. NAME John Reisunger.	
13. NAME John Keinger.	Name of operation Date of
(State or country) Jamany,	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Worked Wachmath.	23. If death wes due to externel causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Worked Wachmarth. 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Date of injury, 19
(State or country) ymany.	Where did injury occur? (Specify cky or town, county and State)
(Address) Parklin SD. Hyallande.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wash N. C. Date 9/3 ,1934	Nature of injury
19, UNDERTAKER W. W. Doal Suc (Address) 8/6-/7. M.E. Wardol	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED Sept 2", 1934 Mis. Jas Deves	(Address) Recede Not
Hand Registrar.	" (/nuticos)

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	OCT 6 1934	July 5,1927	Peritonitis	3 days ago
	ATUREAU VES.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ಣ

2901

(Address)

4th. St

1. PLACE OF DEATH County Prince George Within corporate Limits of Registration Dist. No. 2 1 5 Village or City. Hyattsville, Md. No. St., Ward Length of residence in city or town where death occurred. yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds. 2. FULL NAME Charles Ashby Ritchie, (a) Residence: No. 29 Franklin St., (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWED. OR DIVORCED Controlled word) Male White S. If married, widowed, or divorced HUSAND of Mary C. Ritchie 6. DATE OF BIRTH (month, day, and year) Feb., 9th., 1884 7. AGE Years Months Days If LESS than Iday. hrs. or min. 8. Flade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKEEPER, etc. Supt., P.O. 8. Flade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKEEPER, etc. Supt., P.O. 8. Flade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKEEPER, etc. Supt., P.O. 8. Flade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKEEPER, etc. Supt., P.O. 8. Flade, profession (month and year) occupation occupation Other, Contributory Causes of importance were as follows: ON DEATH OF BIRTH (month, day, and year) Feb., p.O. 9. Fladestry or business in which work was done, as SIR MILL, SAW MILL, BANK, etc. 10. Date Geosaed last worked at this occupation (month and year) occupation occupation of the date stated above, at. 3 2 m. The particular kind of work done, as SPINNER, SAWER, BOOKEEPER, etc. 10. Date Geosaed last worked at this occupation (month and year) occupation occ
Village or City Hyattsville, Md. Length of residence in city or town where death occurred
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Length of residence in city or town where death occurred yers mos ds How long in U.S. if of foreign birth? yers mos definition, give in the how long in U.S. if of the foreign birth? yers mos definition, give in the hour long in U.S. if of foreign birth? How long in U.S. if of foreign birth? How long in U.S. if of foreign birth? How long in U.S. if of the foreign birth? How long in U.S. if of the foreign birth? How long in U.S. if of the foreign birth? How long in U.S. if on the foreign birth? How long in U.S. if on the foreign birth? How lo
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(a) Residence: No. 29 Franklin St., (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE White S. SINGLE, MARRIED, WIOOWED, OR DIVORCED (cerite: the word) Mary C. Ritchie 6. DATE OF BIRTH (month, day, and year) Feb., 9th., 1884 7. AGE Years Months Days If LESS than 1 day, hrs. 50 7 8 1 day, hrs. 50 7 8 1 day, hrs. 50 7 8 1 day, hrs. 6. Date of poession, or particular kind of work done, as SPINNER, Supt., P.O. SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, SAK, etc. 10. Date deceased last worked at this occupation work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) spant in this occupation work was done, as SILK MILL, SAW MILL, BANK, etc. 12. BIRTHPLACE (city or town) (State or country) Md. ALLA MARGA HYPTICA MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH 1934. 1935.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Male White Solution Mary Corrected Hussand of Hu
3. SEX 4. COLOR OR RACE Male White So. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) Married White So. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) Married Washing of Wary Co. Ritchie 6. DATE OF BIRTH (month, day, and year) Feb., 9th., 1884 7. AGE Years Months Days If LESS than I day, hrs. or min. 8. Jrade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 10. Date deceased last worked at this occupation (month and year) Married 11. Total time (years) spant in this occupation (month and year) Married Other Contributory Causes of importance: 21. DATE OF DEATH (Month) (Day) (Year) 22. I HEREBY CERTIFY. That I attended deceased from to have occurred on the date stated above, at 3
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12. BIRTHPLACE (city or town) (State or country) Md. Occupation Other Contributory Causes of importance: A Block A Ru al usually
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(State or country) Md. Useling & Rual en Lustin
allena T mallenger
13. NAME J. Suit Ritchie 14. BIRTHPLACE (city or town) Name of operation warm Date of
(State or country) Md.
What test confirmed diagnosis? Was there an au'onsy?
15. MAIDEN NAME Georgia A. Sweeney 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Accident, suicide, or homicide? Date of injury 19 Where did injury occur?
(Specify city or town county and State)
17. INFORMANT Charles A. Ritchie Jr. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 29 Ffanklin St., Hyattsville, Md.
18 RUPLAL CREMATION OF REMOVAL
Place Rock Creek Cem Date Sept 1919 34 Nature of injury
10 UNDERTAKED The State of injury in any way related to occupation of decreed? If A

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
001 8 1933			
Other contributory causes of importance:	1:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		All the second s	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1015 -16th 1 mahur

of OCCUPA-

Exact statement

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

County County Village or City Length of residence in city or town where deaph occurred. As New long in U. S. if of foreign birth? (A) Residence: No. Length of residence in city or town where deaph occurred. (A) Residence: No. (A) Residenc	STATE OF MARYLAND—	CERTIFICATE OF DEATH 09385
Village or City	1. PLACE OF DEATH	(3)
(If death occurred in a hospital or institution, give in NAME instead of street and number) (If death occurred in a hospital or institution, give in NAME instead of street and number) (a) Residence: No. (b) And New long in U. S. Hot foreign bith? (b) How long in U. S. Hot foreign bith? (c) Residence: No. (c) Unal place of abodo (Unal place of abodo) (Unal p	County/rune Leage	
2. FULL NAME (a) Residence: No. (busiphere of abodo) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR, OR RACE S. SIMORE, PARTENDIA INDOVED. OR DIVORCD (winic the word) S. I. I merried, wishowed, or divorced HUSBAND of (cry Wife of cry) F. DATE OF BIRTH (month, day, and year) J. ACE Year Months Days If LESS than or own and state The PRINCIPAL CAUSE OF DEATH 1. Ace in the selection of particular size city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 2. DATE OF DEATH MEDICAL CERTIFICATE OF DEATH 2. DATE OF DEATH (Month) (Day) 11 HER EBY CERTIEV That I, altended deceased from the selection of the se	Village or City Doyallance Ing	
2. FULL NAME (a) Residence: No. (Unablace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR, OR RACE S. SINGLE, MARRIED, WIDOWED, OR UNIORED GOVERNMENT, OR UNIOR COLOR GOVERNMENT, OR UN		Annua Control of the
(a) Residence: No. (Usual place of abode) (b) Claus place of abode) (Claus place of abode) (Cloud p	MATE WIS	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR, OR RACE OR DIVORCED (unive the word) 22. I HER EBY CERTIEY/That I strended decessed from 19 days	I POLL MANNE	IN ONIT.
21. DATE OF DEATH A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (curif the word)		
### OR DIVORCED (write the word) Sa. If married, widowed, or divorced HUSANDO	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. Let merried, wildowed, or divorced HUSEAND or Copy WIFE of Copy WIF	OR DIVORCED (write the, word)	0 ept 2 193 et
6. DATE OF BIRTH (month, dey, end year) 7. AGE Yeers Months Days If LESS than I day,hrs. I day,hrs. I last saw harm elive on	5a. If merried, widowed, or divorced	/(Month) (Dey) (Yeer)
TAGE Yeers Months Days If LESS than I day	HUSBAND of (or) WIFE of	22. I HEREBY CERTIEY That I attended decessed from 1934 to Sept 2 1934
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20. File Let 2, 19 4 for Severy (Signed) Leg Host Commons M.D.	117-1-11 11 11 211	•
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

1. PLACE OF DE

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s	6.0		
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BARREAU V. R.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	STATE OF MARYLAND—	CERTIFICATE OF DEATH	389
1	1. PLACE OF DEATH	93.6	
	County / runce George	Registration Dist. No. 2 1	5
	Village or City University Va	IRD. St.	Ward
		death occurred in a hospital or institution, give its NAME instead of street and number described by the street and number described by the described by the street and number described by the	
	1 1+	ion long in o. o. in or long in artificial a	
	(a) Residence: No. 209 achson av	mour	
	(d) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and S	itate
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 1. Color OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH	193_ 4 (Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Steinsur	22. July 6 PREBY CERTIFY That I attended do	eceased from
te.	6. DATE OF BIRTH (month, day, and year)	I last saw have alive on July 19 30 1934	death is said
ficate.	7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at	
certifi	/0 12 ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were es follows:	Date of onset
of c	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.	acuto Willation	9/19
	1 < 1 9. Industry or business in which	Charliette	1/4/20
back	SAW MILL, BANK, etc. Carplette	3. The nutrophed hestate	7/1/22
on	this occupation (month end spant in this	c retention.	112/2
ons	year) occupation	Other Coutributory Causes of Importence:	
ucti	12. BIRTHPLACE (city or town) Clary (State or country)		
instructions	II 13. NAME William H. Steinour		
	14. BIRTHPLACE (city or town) Skttysburgh	Name of operation Date of	
See	(State or country)	What test confirmed diagnosis?	lopsy
int.	15. MAIDEN NAME Nollabough	23. If death was due to external causes (VIOLENCE) fill-in also the following:	N
important	o 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	, 19
mp	State or country)	Where did injury occur? (Specify city or town, county and State)	
	17. INFORMANT Namy Stelmour	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLAC	E.
is very	(Address) 209 Wackson ave	Managedistance	
	Place washing too Deto Sept 20, 1934	Manner of injury	
TION	19. UNDERTAKER W. W. A Sal Luc (Address) 8/6 - 13 5	24. Was disease or injury in any wey related to occupation of deceased?	
7	20. FILED. Deht 20: 3 4 man Jaa	(Signed) / Mailir/War	M. D.
1	Registrar,	(Address) . I Timeaale Mig	
	If more blanks are needed, a State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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SUREAU V. S.			25.157
Other contributory causes of insprtance 130		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year
SECELVED			

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7).	7		
Other contributory causes of importance: Gallstones	SL 441	Other contributory causes of importance:	·1 year
	4 8		
ADDITIONAL SPACE	FOR FURTH	STATEMENTS BY PHYSICIAN	
6			

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should

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(Address) _

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy 1 week ago Arteriosclerosis 1915 1 week ago Run over by street car Chronic interstitial nephritis 1921 Julu5.1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis Gallstones 1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	CANCIN RESERVED FOR BINDING
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	CERTIFICATE OF DEATH 09392
1. PLACE OF DEATH	210-m
County Trues	Registration Dist. No.
Transfer of the compensate of the contraction of th	No. 10 as W St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
(a) Residence: No.	
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) about 1902.	I last saw h alive on, 19; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted ebove, atm.
aparently 32 ars - 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
/ 8 Trade protection or padicular	Date of onset
Stand of work done, as SPINNER, MANUAL OF SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked et this congration (month and this congration (month an	SEE REVERSE SIDE
10. Dete deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Llus Known (State or country)	Other Centributory Couses of Importance:
13. NAME EINKNOWN	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
(State or country)	Where did injury occur? (Specify eity or town, county and State)
17. INFORMANT MISO MARCHANICALLON ablassed by (Address) reguninalion of 30 dy	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Wightell Laurel Date Ver 22, 193 Y	Nature of Injury
19. UNDERTAKER DE LOS ESTA DOMA DOMA	24. Was disease or injury in any way related to occupation of deceased?
(Addiss) Saurel mo.	If so, specify
20. FILEOUR 134 M. Brashlace Freak Registrar.	(Signed)M. D. (Address)
70	

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 00 2 100-	1921	Run-over by street car	1 week ago
Cerebral hemorrhage RUREAU V. S.	July 5,1927	Peritonities	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		k.	

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS BY PHYSICIAN
I circle that I persona	ly rearriered they body
and Issuing that death	wtos coused by bringt
accedebitally struck by a	etomobile - Bolleris
hereby repeased for lew	real of by the on
	Las X. Lawler, C.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Chronie interstitial nephritis - CEIVET	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09394
1. PLACE OF DEATH	90
county Frince Les.	Registration Dist. No. 238
Dune 11 '11 Du	
Village or City Afon A SC // (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Thomas Whittington	
(a) Residence: No. Oyon Hill m-d	St., Ward.
(Usual place of abode)	If nonresident give city of town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH ///
male Colored or down the word)	(Month) (Day) (Year)
5a. If marriad, widowad, or divorcad	
(or) WIFE of Carolina trhitmation	22. HEREBY CERTIFY. That I attended daceased from
	May , 1934 to any , 1934
6. DATE OF BIRTH (month, day, and yaar) unknown 1869	I last saw h Jun alive on Ung _ LO, 1934_; daath is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at/2_1Qm.
65 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wara as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, James SAWYER, BDOKKEEPER, atc.	Cohrone Pinearditos 1633
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.	
10. Data decaasad last worked at this occupation (month and 1933 11. Total time (years) spant in this / 0 occupation / 0	
March	Other Coutributory Causes of importanca:
12. BIRTHPLACE (city or town) (Stata or country)	
~ 1 1 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1	aspina
13. NAME Tenry Millingley	
14. BIRTHPLACE (city of town) / Makey Care	Name of oparation Date of
(State or country)	What test confirmad diagnosis? Was there an au'opsy?
15. MAIDEN NAME MAGNOTOR	23. If daath was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Mary Cana	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Whera did injury occur?
17. INFORMANT Ira Wattington (Addrass)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Con Hall Date Offi 22, 1937	Natura of injury
lofo Totalold	24. Was diseasa or injury in any way ralated to occupation of deceasad?
19. UNDERTAKER OWN MELLINE (Addrass) 30 H RA. 7 E	If so, specify A
1. H. 2.3 SK Jun & Dellar 184	(Signad) 02. M. Varlor , M.D.
20. FILE Registrar.	(Addrass) Oyon Hal Ma

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9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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- Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

4				

V. S. No. 1

ı	County	in	el &	1 wir	al
		///	1) and and a	1. , 6	Live
	Length of resid	lence in cit	y or town where	death o	ccurred
2	. FULL NAM	ME_	osepl	1.6	Elis
Length of residence in city or town where death occurred 2. FULL NAME (a) Residence: No. (Usual pla PERSONAL AND STATISTICAL PAR' 3. SEX 4. COLOR OR RACE 5. SINGLE, M. OR DIVORO 6. DATE OF BIRTH (month, day, and yaar) 7. AGE 8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFPER, atc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEFPER, atc. 10. Date dacaased last worked at this occupation (month and yaar) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL	Usual place				
	PERSON.	AL AN	D STATIS	TICAL	PART
3.	Mala la	4. COLO	R OR RACE		
5a.	If married, widowe HUSBAND of (or) WIFE of	ed, or divo	rced		
6.	DATE OF BIRTH (month, day	, and yaar)	1111	27
					Days
OCCUPATION	kind of w. SAWYER, 9. Industry or b. work was SAW MILI 10. Date dacase this occup	ork done, BOOKKEE ousiness In dona, as S L, BANK, e d last wor	as SPINNER, PER, atc which ILK MILL, tc ked at		11. Total sp
12.	BIRTHPLACE (city		Miller	lin	117
ш	13. NAME	reli	un 6	12	leis
AT			wn)	Ma	f
HER	15. MAIDEN NAM	ME MA	assie	X	Im
MOT			wn)	rel	?
17.		esti		Vil	lio.
18.	n. /1/7	D. A-	EMOVAL	Dat	e Seg
19.	UNDERTAKER	lase	gill 7	Twi	eac

09395

1. PLACE OF DEATH	119
County Suice Tyuralo	Registration Dist. No. 236
Village or City Markety laville	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?yrsmosds.
1 1 000 1.00	
	ams)
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH () ((Day) (Year)
ia. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attended decaased from
(or) WIFE of	
5. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19; daath is said
AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 5 1 30 m.
3 2 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Date of onset
9. Industry or business in which work was dona, as SILK MILL,	Chiles Wash From Gertle.
SAW MILL, BANK, etc	Somme diate Cause 17
this occupation (month and yaar) occupation occupation	death indigestion,
111111111111111111111111111111111111111	Othar Contributory Causes of importanca:
(State or country)	- Vig Cerets & Wissadisself & Vill
13. NAME (esthern Williams)	All the state of t
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Marrie Smith	23. If daath was dua to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicida? Date of injury, 19
(State or country)	Whare did injury occur? (Specify city or town, county and State)
(7. INFORMANT Ashly Miles Wille Mid:	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place A fred e Milliands Date Slept d. 7, 19.3. 1	Natura of injury
19. UNDERTAKER faseful furlacti	24. Was disaase or injury in any way ralated to occupation of daceasad?
(Address) Mitchellwille Milly	If so, spacify
20. FILED Sept. 14, 1934 Now 4, Leady Registrar.	(Signed) Lotal to the form of the west of the start the
Acgurar.	the state of the s

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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ì	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923		1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

09396

1. PLACE OF DEATH		(i)
County B 4. Counts		Registration Dist. No. 2 42
Village or City while	Jug tets.	No. St., War
		death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death	h occurred yrs @mos	ds. How long in U.S. If of foreign birth?yrsmosd
2. FULL NAME Sullyma	· Orraine	- Hellans
(a) Residence: No. 63 Shally	Side aue (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemole White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. 1 HEREBY CERTIFY, That I attended deceased from the standard of the standa
6. DATE OF BIRTH (month, day, end year)	194 1934	Wast saw h alive on Say 7 23 , 19 2/; death is sa
7. AGE Years Months	Days If LESS than 1 dayhrs.	to have occurred on the date stated ebove, atm.
05	3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.		Carredad Sugares
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9.Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked at this securation (month and		
10. Date deceesed last worked at this occupation (month and year)	11. Total time (years) spent in this occupetion	
12. BIRTHPLACE (city or town) (State or country)		Dther Contributory Causes of importance:
13. NAME Suces IV IIII	cami Jr.	
4 14. BIRTHPLACE (city or town)	10.,	Name of operation Date of
(State of country)	17 18	What test confirmed diagnosis?
15. MAIDEN NAME Marion	1 Gurcel	23. If death was due to externel causes (VIDL ENCE) fill In also the following:
15. MAIDEN NAME Marion	Q	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)		Where did injury occur?
17. INFORMANT Aures No Miles (Address) 10-3 Shalle Side	Change of Hate Tus	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Pali	Manner of injury
Place Sorling on 18	Date 11 22 , 1934	Nature of injury
19. UNDERTAKER SE A Shire (Address) FOO W A WW	Coffee Hand Ales	24. Wes disease or Injury in any way related to occupation of deceased? If so, specify
20. FILED Refet 22, 1934 Brace	2 Le and Registrar.	(Signed) (Address) 2000 (Address) M.
If more blan	sks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting O. L. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	- 1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

12. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

14. BIRTHPLACE (city or town)

(State or country)

16. BIRTHPLACE (city or town) (State or country)

W OR REMOVAL

13. NAME

17. INFORMANT

19. UNDERTAKER

(Address) 18. BURIAL, CREMATLO

FATHER

MOTHER

should state Every item of infor-

OCCUPA-

statement

r	STATE O	F MARYLAND-	CERTIFICATE OF DEATH	9	
	Village Dr City hyper		Registration Dist. No. 23 No. St., death occurred in a hospital or institution, give its NAME instead of street and nu	mb	
1	2. FULL NAME Mary (a) Residence: No.	(Usual place of abode)	St., Ward. Ward. Ward W		
	PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	3. SEX 4. COLOR OR RACE Colored Fig. If merried, widowed, or divorced HUSBAND of	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	(Month) (Day)	193	
ഖ്	(or) WIFE of Thanks % 6. DATE OF BIRTH (month, day, and year)	cember 1884	1934, to Seff Class saw her elive on any so 1934;	-,	
certificat	7. AGE Years Months 49 9	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at		
Jo	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.		Caroman of literies	Dat	
back	Mork was done, es SILK MILL, SAW MILL, BANK, etc	Marcal Control			
s on	10. Date deceased lest worked et this occupation (month and year)	11. Total time (yeers) spent in this			

Pm. s of importance Date of onset Other Contributory Causes of importance: Name of operation_____ What test confirmed diagnosis?_____ Was there an autopsy?____ 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of Injury______ 19____ Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of Injury Nature of injury 24. Wes disease or injury in any way related to occupation of

instead of street and number)

That I attended deceased from

Registrar. Horn

neinlance

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy 1 week ago Arteriosclerosis 1915 Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis 3 days ago July 5,1927 Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis May 1,1923 1 year Gallstones

Exact statement of OCCUPA.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WITH V. S. No. 1

Village or City Near Callington M. No. 10	1. PLACE OF DEATH	CERTIFICATE OF DEATH
2. FULL NAME. Flyad M Wright (a) Residence: No.	Village or City near Callington md	NoSt.,Ward
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED ("arrite the word) St. If married, widowed, or divorced HUSSANDO HUSSANDO T. AGE Years Months Days If LESS than I day, hrs. Or min. 8. Trade, profession or particular SAWYER, BOOKKEPER, etc. 3. MOKKEPER, etc. 3. Mokkeper, etc. 3. Months Days If LESS than I day, hrs. Or min. Date of one the date stated abova, at. 9 4m. Date of one the sale stated abova, at. 9 4m. Date of one to have occurred on the date stated abova, at. 9 4m. Date of one to have occurred on the date stated abova, at. 9 4m. Date of one to have occurred on the date stated abova, at. 9 4m. Date of one to have occurred on the date stated abova, at. 9 4m. Date of one to have occurred on the date stated abova, at. 9 4m. Date of one to have occurred on the date stated abova, at. 9 4m. Date of one to have occurred on the date stated abova, at. 9 4m. Date of one to have occurred on the date stated abova, at. 9 4m. Date of one to have occurred on the date stated abova, at. 9 4m. Date of one to have occurred on the date stated abova, at. 9 4m. Date of one to have occurred on the date stated abova, at. 9 4m. Date of one to have occurred on the date stated abova, at. 9 4m. Date of one to have occurred on the date stated abova, at. 9 4m. Date of one to have occurred on the date stated abova, at. 9 4m. Date of one to have occurred on the date stated abova, at. 9 4m. Date of one to have occurred on the date stated abova, at. 9 4m. Date of one to have occurred on the date stated abova, at. 9 4m. Date of one to have occurred on the date stated abova, at. 9 4m. Date of one to have occurred on the date stated abova, at. 9 4m. Date of one to have occurred on the date stated abova, at. 9 4m. Date of occurred on the date stated abova, at. 9 4m. Date of occurred on the date stated abova, at. 9 4m. Date of occurred on the date stated abova, at. 9 4m. Date	70 1 100 04	ds. How long in U.S. if of foreign birth?yrs,mosds.
3. SEX L. COLOR OR RACE Marked Colord S. SINGLE, MARRIED, WIDOWED, OR DIVOKED, Gwinic the word) S. It married, widowed, or divorced HUSBAND Color of Gry THE of	(Usual place of abode)	If nonresident give city or town and State
Malle Cooland OR DIVORCED, Currie the word) Stringle OR DIVORCED, Currie the word) OR DIVORCED, Currie the word) It ask saw h. alive on Day 1.92 y. death is said to have occurred on the date stated abova, at. 9 cm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Or Date of onset OR DIVORCED, Currie the word) It ask saw h. alive on Day 2. 193 y. death is said to have occurred on the date stated abova, at. 9 cm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: OR DATE OF BRITH HAS REAL ASSESSION TO CURRIE THE STRING THE ST	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Oct 23 /933 7. AGE Years Months Days If LESS than I day, brs. or min. which work was done, as SIRN MILL, SAW MILL, BARK, etc. 1. Industry or business in which work was done, as SIRN MILL, SAW MILL, BARK, etc. 1. Date deceased last worked at the business of the compation of the City or town). Whele I all the compation of the City or town). Whele I all the compation of the City or town). (State or country) 12. BIRTHPLACE (city or town). (State or country) 13. NAME AU 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address) 18. BURNAL, GERMAION, DR.REMOVAL Piece MAILL, DR.REMOV	OP DIVOPCED (covide the word)	21. DATE OF DEATH (Mogh) (Day) (Year)
6. DATE OF BIRTH (month, day, and year) Oct 23 /9 33 7. AGE Years Months Days if LESS than 1 day, hrs. or min. 8. Trade, profession, or particular saw h. alive on Aff 2 dam. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 9. Industry or business; in which was done as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) Date of one of the country) 12. BIRTHPLACE (city or town) Michigan Was the analysis occupation (State or country) 13. NAME Affect Winght 14. BIRTHPLACE (city or town) Was done as SILK MILL (State or country) 15. MAIDEN NAME Was done as done of the country of th	HUSBAND of	
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20. FILED Sept 13, 1934 Woran Steel (Signed) James Ho Trust M. D.	William I soft in all	
20. FILED 1 4726 1 2, 19 3 4 WWW 11 COUNTY		
		(Signed) James Ho Truth M. D. (Address) Glenn wale Med

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be eomplete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal eause and any important complication of the principal eause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 5 5 5 6 8 8 8 8 8	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BETSEAT &			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	ACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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